

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030926

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 1227

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0975

2 0975

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4 0

5 1

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7 0

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9 4201

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11

12 90-3

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		c. CITY OR TOWN <i>Marshall</i>	
Length of stay in lb <i>25 yrs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>644 N. Vers</i>		d. STREET ADDRESS (If outside, give location) <i>644 N. Vers</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>CARL NELSON DAY</i>		4. DATE OF DEATH Month Day Year <i>JULY 13, 1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-1-1906</i>
9. AGE (last birthday) <i>56 yrs</i>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chamois Mo</i>	
11. BIRTHPLACE (City and state or country) <i>U. S. A.</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>Chas. J. Day</i>		13b. MOTHER'S MAIDEN NAME <i>Dora C. Pack</i>	
14. NAME OF HUSBAND OR WIFE <i>Mary N Day</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>no</i>	
16. SOCIAL SECURITY NO. <i>69</i>		17. INFORMANT <i>Donald H Newman Marshall Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>Inst.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Made in medical hospital 7-14-63</i> and last saw her/him alive on <i>7-15-63</i> Death occurred at <i>7:45 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. L. Lawrence M.D. Corona Saline Co</i>		22b. ADDRESS <i>Marshall Mo</i>	
22c. DATE SIGNED <i>7-15-63</i>		22d. LOCATION (City, town, or county) (State) <i>Marshall Mo</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-16-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Memorial Gardens</i>	
24. FUNERAL DIRECTOR <i>Harry Herrshberger</i>		25. DATE RECD. BY LOCAL REG. <i>7-15-63</i>	
ADDRESS <i>Marshall, Mo</i>		26. REGISTRAR'S SIGNATURE <i>Cecil A. Reed</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.